



FY2004 Application

Youth Center Initiated Program

Intent to Apply Deadline: None Required

Deadline: At least 30 days prior to residency start

Please refer also to the Guidelines/Instructions for this program. You may skip lines marked N/A.

1. First Name N/A
2. Organization's Name _____
3. Mailing Address _____
4. City _____
5. State _____
6. Zip Code - Plus 4 _____
7. County _____
8. Organization's District Name _____
9. Organization's District Number _____
10. Organization's Phone Number _____
11. Fax Number _____
12. E-mail Address _____
13. Web Address http:// _____
14. Legislative District Number of Applicant (as determined by applicant's mailing address):
U.S. Congressional District #: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6
Representative's Name: _____
Senators: Jim Bunning (R) / Mitch McConnell (R)
KY Senate District #: _____
Senator's Name: _____
KY House District #: _____
Representative's Name: _____

If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: www.vote-smart.org/index.phtml or call your County Clerk's office for this information

KAC Staff Use Only

- | | | |
|-------------------------------|-------------------------------|-----------------------------|
| 1. FY 2004 | 7. Grantee Race _____ | 13. • AIE Percent _____ |
| 2. App. # _____ | 8. # Youth Benefit _____ | • AIE Description _____ |
| 3. C-List # _____ | 9. Project Disc. _____ | 14. Proj. Descriptors _____ |
| 4. App. Status _____ | 10. Activity _____ | 15. Date Rcvd. _____ |
| 5. App. Institution 33 | 11. Project Race _____ | |
| 6. App. Discipline _____ | 12. Grant Program YCIP | |

15. Director's/ Principal's Name _____
16. Director's/ Principal's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. _____
17. Contact Individual's Name _____
18. Contact Individual's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. _____
19. Residency Title (*short phrase*) _____
20. Proposed Beginning Date (*month/day/year*) _____ / _____ / _____
21. Proposed End Date (*month/day/year*) _____ / _____ / _____
22. Amount Requested (*check one*) ☐ \$525.00 ☐ \$1,050.00
23. Match Amount (*check one*) ☐ \$275.00 ☐ \$ 550.00
24. Residency Length ☐ 1 week ☐ 2 weeks
25. Residency Artist's Name _____
Address _____
City/State/Zip Code _____
Phone Number _____
Email Address _____
Social Security Number _____
- On KAC Arts Education Roster? YES ☐ NO ☐
26. Number of Individuals who will Benefit from this Project _____ Youth _____ Adults
27. Residency Discipline (*visual arts, music, dance, etc.*) _____
28. Total KAC Funding Received Last Year (all categories) \$ _____
29. Grantee Race/Ethnicity:

*Organizations should choose the **one** code that best represents 50% or more of their staff or board or membership (not audience). Choose **one** below:*

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White |

30. Activity Race/Ethnicity:

If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group from the list. If the grant or activity is not designed to represent or reach any one particular group, choose "No Single Group".

*Choose **one** below:*

- | | |
|---|--|
| <input type="checkbox"/> Asian Individuals | <input type="checkbox"/> Black/African American Individuals |
| <input type="checkbox"/> Hispanic/Latino Individuals | <input type="checkbox"/> American Indian/Alaska Native Individuals |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander Individuals | <input type="checkbox"/> White Individuals |
| <input type="checkbox"/> No Single Group | |

31. Applicant Status _____ (Insert **ONLY ONE** Status Code Number on this line)

- | | | |
|-------------------------------|----------------------------|-------------------------|
| 02] Organization - Non-Profit | 07] Government - County | 09] Government - Tribal |
| 05] Government - State | 08] Government - Municipal | 99] None of the Above |
| 06] Government - Regional | | |

(Schools will generally be in the following categories: **02] Organization - Non-Profit**, for a private school; **07] Government - County**, for a county school; and **08] Government - Municipal**, for a city school).

Residency Budget

If these figures correspond to your residency budget, you do not need to provide additional budget information. The school may have additional residency expenses, such as supplies, however, these do not need to be included in this application. If the residency budget will vary significantly from the basic budgets below, please attach a budget that details income and expenses and provides budget notes where appropriate.

The basic residency budgets are as follows:

	1 week Residency	2 week Residency
<u>Income</u>		
Kentucky Arts Council grant request	\$525	\$1,050
<u>Applicant's Match</u>	275	550
Total Income	\$800	\$1,600
<u>Expenses</u>		
<u>Residency Artist's Fee</u>	\$800	\$1,600
Total Expenses	\$800	\$1,600

Instructions for Completing Narrative

To assist panelists in reading your application, duplicate the heading of each subject and performance expectation. For example, type "**Description of the youth correctional facility or alternative school** " before your response to that item. Place the organization's name and the words "YCIP/Application" in the upper right-hand corner of each page.

Narrative Outline

Please respond to the Introduction and each of the Performance Expectations below on a total of two single-sided pages or less. Include complete information on each bulleted item when writing your narrative.

Introduction

Description of the Correctional Facility or Alternative School

- Briefly describe your organization, including history, programs and accomplishments
- Briefly describe your organization's role in your community

Description of the Project

- Briefly describe the residency plan for which you are requesting support

Performance Expectations

Your application will be reviewed using the following performance expectations:

1. Planning and Implementation (45%)

- Describe collaboration between staff, teachers and artist
- Demonstrate artistic excellence by artist's support materials (if artist is on the KAC Arts Education roster, no support materials are required)
- Describe strategies to encourage staff, students, parents and artists to participate in the creative process as part of the residency
- Describe strategies to use professional development to teach staff and parents to employ the arts to support student learning
- Describe strategies to engage students in the hands-on creation of art
- Describe strategies for promoting awareness of the value of arts education and arts in education

2. Gathering and Responding to Evidence (35%)

An important goal of the residency is long-term impact on all participants. To assess that impact, you will gather evidence throughout the planning, implementation, and follow-up to the residency to determine progress, and to learn about and improve upon the work being done. Effective assessment will include a combination of quantitative (measured by quantity or amount) and qualitative (measured by quality or kind) measures.

- * *Measurement of student engagement in the hands-on creation of art may include anecdotal observation, photo documentation, student journaling, etc.*
- * *Measurement of staff and parent involvement in the creative process and measurement of their increased ability to use the arts to support student learning may include:*
 - *quantitative data of the number of parents who came into the classroom, attended events, or responded to requests for at-home involvement, etc.*
 - *qualitative measurement such as interviews, anecdotal observation, open-ended surveys, etc.*
- * *Documentation of activities to promote awareness of the value of arts education and arts in education may include examples of media coverage, letters home to parents, etc.*

- Describe the process and tools you will use to gather ongoing data about the impact of the residency on all participants (increased participation, abilities, and awareness of the value of arts education and arts in education)
- Describe how staff will use knowledge gained during the residency to utilize the arts in instruction after the artist leaves

3. Diversity and Access (20%)

- Describe how the residency will work to increase understanding of and appreciation for diversity (see KAC Values Statement) within the facility/school and community
- Demonstrate an understanding of disabilities which may be encountered and describe strategies to ensure that everyone is served

Application Checklist

Include this application checklist as the first page of your application package

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following mandatory information:

One signed original:

☐ YCIP Grant Application and narrative

One copy of the following:

☐ Supporting Materials (résumé, work samples, bio, etc.) for the residency artist(s)
if not currently on KAC Arts Education Roster

If you would like acknowledgement of receipt of your application and return of any support materials, please enclose the following:

☐ Self addressed, **AND** stamped #10 envelope for acknowledgement of receipt.

☐ Self-addressed, **AND** stamped mailer for return of supporting materials.

Applicant Signatures

I certify that I am legally authorized to submit this application on behalf of the applicant organization and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in RED ink.

Applicant Signature _____ Date _____
All signatures must be in RED ink.

Applicant (Type Name) _____ Title _____

Artist Signature _____ Date _____
All signatures must be in RED ink.

Artist (Type Name) _____

Mailing Address for Completed Application

Kentucky Arts Council
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601-1980